

## History of Gestational Diabetes

**Definition/  
cut-off value**

History of diagnosed gestational diabetes.

Pregnant Women: Any history of gestational diabetes

Breastfeeding/Non-Breastfeeding: Most recent pregnancy

Presence of condition diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

**Participant  
category and  
priority level**
**Category**
**Priority**

Pregnant Women

I

Breastfeeding Women

I

Non-Breastfeeding Women

III

**Justification**

Diabetes with pregnancy has long been recognized as a serious problem for both the mother and the fetus. A woman with a history of gestational diabetes is at increased risk of developing Type II diabetes mellitus later in life. Infants born of diabetic women are at increased risk of macrosomia, congenital abnormalities, hypoglycemia and neonatal death. The client can benefit from the WIC Program's dietary counseling and supplemental foods.

**Clarifications/  
Guidelines**

Before assigning this risk code, be sure the medical condition is documented on the health history form.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my son or daughter has...") should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

**References**

1. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996, pp. 169-170.
2. American Diabetes Association: Position Statement on Gestational Diabetes; January 1997.
3. Gilbert and Harmon: High Risk Pregnancy and Delivery; Mosby Books; 1993; Chap. 9.